

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/772981

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

11/26/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total	24	Minus	25	=	<input type="checkbox"/>	<input type="checkbox"/>
Independent	2	Minus	3	=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	395.00
<input type="checkbox"/> 25	
<input type="checkbox"/> 100	
+180	
TOTAL	

RATE	FEES
BASIC FEE	790.00
<input type="checkbox"/> 50	
<input type="checkbox"/> 200	
+360	
TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 25	
<input type="checkbox"/> 100	
+180	
TOTAL	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 50	
<input type="checkbox"/> 200	
+360	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total	Minus			=	<input type="checkbox"/>	<input type="checkbox"/>
Independent	Minus			=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 25	
<input type="checkbox"/> 100	
+180	
TOTAL	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 50	
<input type="checkbox"/> 200	
+360	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total	Minus			=	<input type="checkbox"/>	<input type="checkbox"/>
Independent	Minus			=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 25	
<input type="checkbox"/> 100	
+180	
TOTAL	

RATE	ADDI- TIONAL FEE
<input type="checkbox"/> 50	
<input type="checkbox"/> 200	
+360	
TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- **** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.